

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035159

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 15-5 Primary Registration District No. 3127 Registrar's No. 177

FILED OCT 15 1962

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Webb CityLength of stay in 1b
50 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jane Chinn HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Jasperc. CITY OR TOWN Webb City Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
120 N. College St. Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Lillian O. Davis4. DATE OF DEATH
Month Day Year
October 8, 19625. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
1-27-18789. AGE (last birthday)
84IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during last working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Champaign, Ill.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John M. Kennedy

13b. MOTHER'S MAIDEN NAME

Alice Bennett

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
[redacted]17. INFORMANT
Kenneth F. Davis 120 N. College
Webb City, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Cerebral Collapse
Bronchial Pneumonia
Acute Congestive Heart FailureINTERVAL BETWEEN
ONSET AND DEATH
1 hour

8 hrs

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Myocardial Stenosis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-5-60 to 10-8-62 and last saw her alive on 10-8-62
Death occurred at 10:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS

Webb City, Mo.

22c. DATE SIGNED

10-9-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
10-10-6223c. NAME OF CEMETERY OR CREMATORY
Mt. Hope Cemetery23d. LOCATION (City, town, or county)
Webb City, Mo.

(State)

24. FUNERAL DIRECTOR

Johnston-Simpson, Webb City, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

10-10-62 Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59b495
b495

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack C. Simpson

Licensed Embalmer No.

4647

P. O. Address

Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.